

HRCBS Board Report – July 2019

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| Ellen Harrison (Executive Director) | John Malone (Developmental Services) |
| Lynn Grigg (Child and Family Services) | Holly Albrite (Administrative Services) |
| Rebekah Brubaker (Adult Behavioral Health) | Mary Ansell (Chief Financial Officer) |

Message from the Executive Director

In the summer months, we used to experience a slowdown of requests for services across the public system, most notably in children’s case management and therapy, requests for intakes for all services, and even state psychiatric hospital admissions (adult and child). More recently we are noting less of a dip in the request for and participation in services at HRCBS, with state psychiatric hospitals now operating at 98-99% capacity; when 85% capacity is industry definition of “full”. This trajectory illustrates that more admissions are going in to hospitals than discharges coming out on a cumulative basis. At a local level, the Infant & Toddler Connection has increased the average number of children in services by 36% since 2017. While they may experience a bit of reprieve as the 3 year olds transition to school-based services (Part B) August - October, the number of referrals from pediatricians, hospitals and family have continued to increase. The model of early intervention is predicated on the evidence that children have a greater chance of success when therapeutic intervention is early (i.e. 0-2 years old) and in their natural environment. We celebrate our busyness as we know it leads to healthier children and a greater quality of life in our community.

Ellen Harrison, LPC, MBA

Administrative Services

Building Update

The opening of bids took place on June 6th and contract negotiations are underway and should be concluded soon.

Electronic Health Record (EHR)

On June 19th our EHR vendor Credible experienced a failure of critical infrastructure components at one of its data centers resulting in system inaccessibility for all of their business partners nationwide for a period of approximately 90 minutes. Since that time, there have continued to be episodic performance degradation and limited functionality among many partners, including HRCBS. We have benefited from the internal backup

system developed by our IT Department enabling access to some data during Credible system downtimes. Our biggest issues have been with system slowness and inability to access the Business Intelligence (BI) module. This is by far the longest period of system issues we've experienced since going live with Credible in 2012 and we remain hopeful that this will be fully remedied very soon.

Serious Incident Reporting Requirements

Changes to the Department of Behavioral Health and Developmental Services (DBHDS) licensing regulations effective in September 2018 included new requirements regarding what qualifies as a client involved serious incident and what follow up must be done in response. Serious incidents classified in the top two levels of incidents require completion of a Root Cause Analysis (RCA). The spring conference of the Virginia Association of Community Services Boards (VACSB) included a workshop on conducting RCAs which are to include a detailed description of what happened, an analysis of why it happened, including identification of all underlying causes of the incident that were under the control of the provider, and solutions to mitigate its reoccurrence. Providers are grappling with how to carry out RCAs for some of the events that currently meet the definition of a serious incident and how to operationally conduct RCAs in a way that does not tax staff resources and time. DBHDS is planning to narrow some of the definitions and provide additional clarifications in upcoming regulatory revisions. In the meantime the agency's Risk Management Specialist, Dan Jenkins, has our process well underway and is working to assist staff to adjust to the new reporting requirements.

Compliance Department

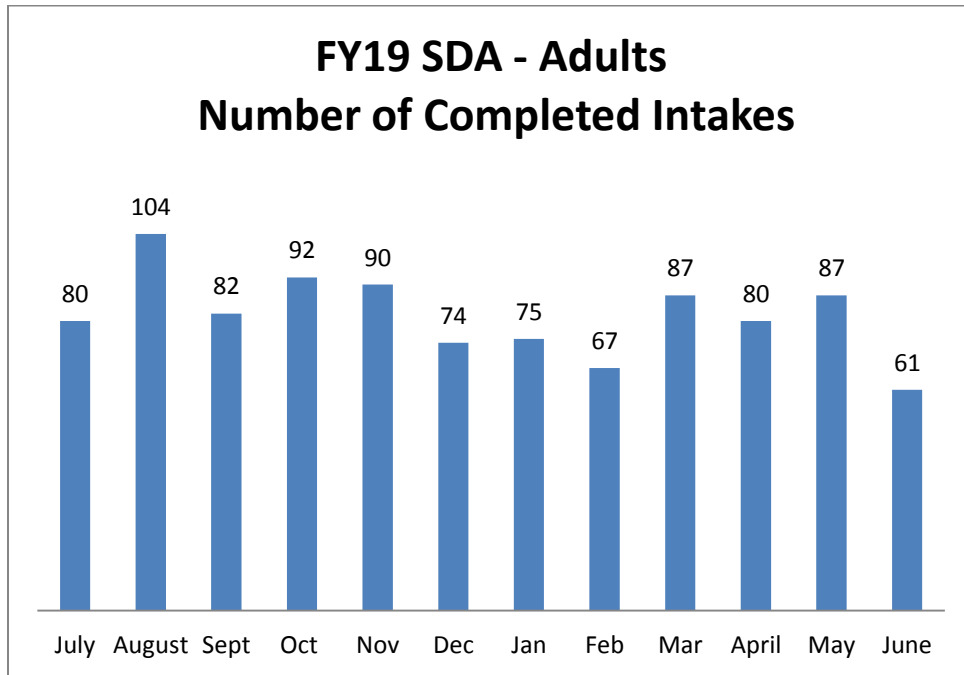
Michelle Blumling joined the department as the new Behavioral Health Benefits and Compliance Technical Specialist in mid-June.

Adult Behavioral Health Services

Same Day Access - Adult Services

During the period of June 1 – June 25, our Same Day Access team completed 61 intakes for individuals seeking treatment services. For this fiscal year, we completed 979 adult intakes which is an average of 81.5 intakes per month. For comparison, in FY 2018 we averaged 112 intakes per month. The reduction in the number of intakes this fiscal year is a result of several factors including but not limited to: a) only providing intakes three days a week; b) the addition of the Daily Living Assessment (DLA-20) which resulted in longer intakes and thus not able to see as many people; and c) an increase in individuals who are only seeking medical services and thus we refer them out to community providers, primarily their PCP when possible. We continue to monitor the flow of clients

through our Same Day Access process and look for opportunities to continue to engage individuals in the right treatment at the right time.



Adult Outpatient Services

We currently have 332 individuals enrolled in mental health therapy services, 185 individuals enrolled in substance use therapy services and 7 individuals enrolled in our Intensive Outpatient Program. In addition, we are providing substance use case management services to 32 individuals.

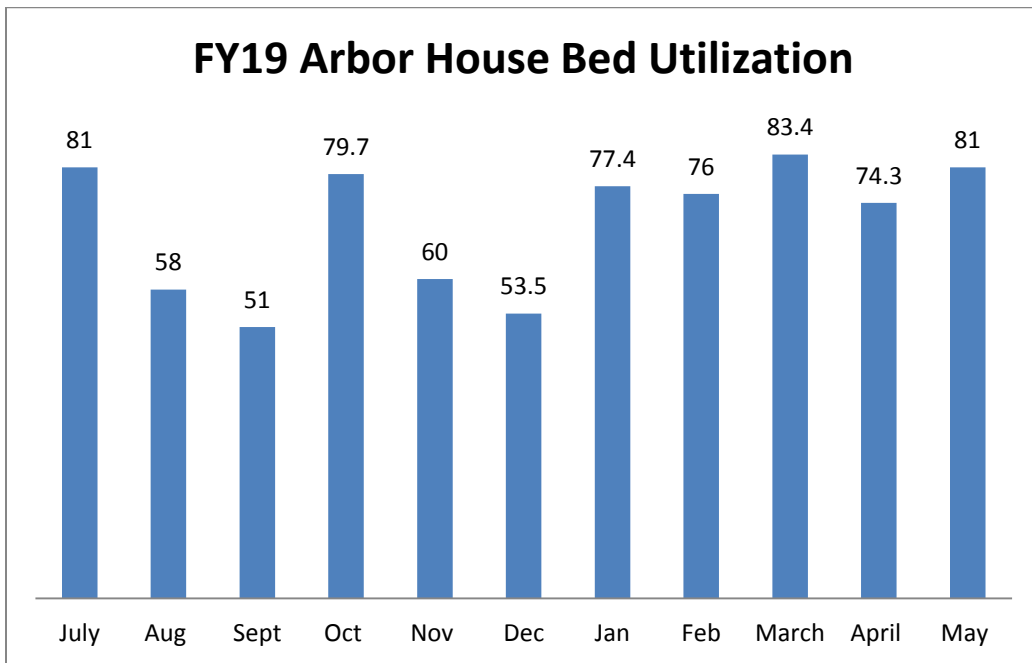
Substance use case management is a service that we provide to individuals who have a substance use disorder and who are in need of assistance with accessing treatment services including residential treatment, locating and maintaining housing, assisting with employment opportunities and/or providing assistance with accessing other community resources. This position also provides linkage for individuals interested in outpatient treatment following their completion of a residential treatment program for substance use.

In June, we hired Stephanie Fultz as our Supervisor of Community Outreach Services. She was previously employed with our agency as a full-time therapist and has previous experience with providing case management services, emergency services and spent eighteen months working with the re-entry population (incarceration) as a therapist. She will be providing oversight and leadership to our programs that are connected with

the criminal justice system, including but not limited to our Drug Court Program, Substance Use Case Management and Jail Services Case Management.

Arbor House (Crisis Stabilization Unit)

For May, Arbor House our 7-bed crisis stabilization unit, had a bed utilization of 81%, which means we averaged ≥ 5 beds filled. For FY2019, our year to date is bed utilization 70.6%, which is below the 75% utilization required by Department of Behavioral Health and Developmental Services (DBHDS). As part of the continuum of care for clients, we often work with local hospitals and Western State Hospital to provide step down for individuals who have completed their treatment at the hospital but would still benefit from highly structure treatment for several more days. This past fiscal year (July 2018 – May 2019) we were able to provide step downs to 65 individuals, which is an average of 6 individuals per month. This is up from last fiscal year when we had 49 step downs.



Community Recovery Services Mental Health Case Management

We are currently providing services to 416 individuals in mental health case management who have a serious and persistent mental health diagnosis. Through our case management services we are able to assist clients in accessing needed supports and services, supporting them in their journey of recovery and monitor their progress over time.

One of the challenges that not only our clients face, but our community, is the decrease in affordable housing. Stable and safe housing are key components to an individual's

ability to maintain their mental health stability. When their housing is in jeopardy, or they are unable to locate affordable housing, additional stress is created which may result in an increase in mental health symptoms. We are fortunate that many of our clients are eligible and have received Section 8 housing vouchers. Our current challenge is building relationships with local landlords to encourage them to accept the vouchers. Our case managers help to facilitate conversations and advocate on behalf of our clients in effort to aid them in securing housing. We continue to look for opportunities to engage and increase the likelihood of our clients being able to find and maintain safe and supportive housing.

Mental Health Skill Building

Our mental health skill building program provides services to clients who have a mental health diagnosis and need additional skill development to live independently in the community. Our mental health skill builders work with clients one-on-one each week to develop and enhance their skills in areas such as, nutrition and meal planning, budgeting, medical and psychiatric symptom management and medication compliance, personal hygiene and housekeeping, social skills and community integration. We are currently providing Mental Health Skill Building to 44 clients.

Western State Hospital

For the month of May, Western State Hospital (WSH) Census report, we had an average census of 21 and a census/100000 population of 15.6.

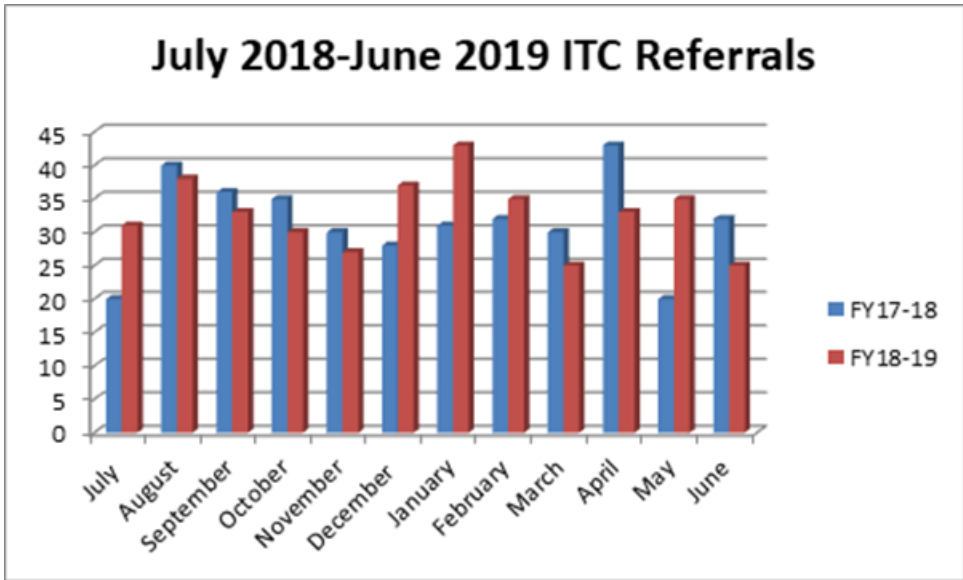
Jail Services

We have been providing a full-time case management position to support incarcerated individuals who are experiencing mental health distress since January 2017. The Jail Services Case Manager is located at the Rockingham-Harrisonburg Regional Jail and conducts assessments, screenings for psychiatric services, completes safety contacts, coordinates release planning, and facilitates educational groups in the designated mental health pod. In addition to providing case management services in the jail, we provide 3.5 hours per week of prescriber time, which is provided by one of our Psychiatric Nurse Practitioners. The nurse practitioner meets with inmates who are experiencing mental health issues while incarcerated.

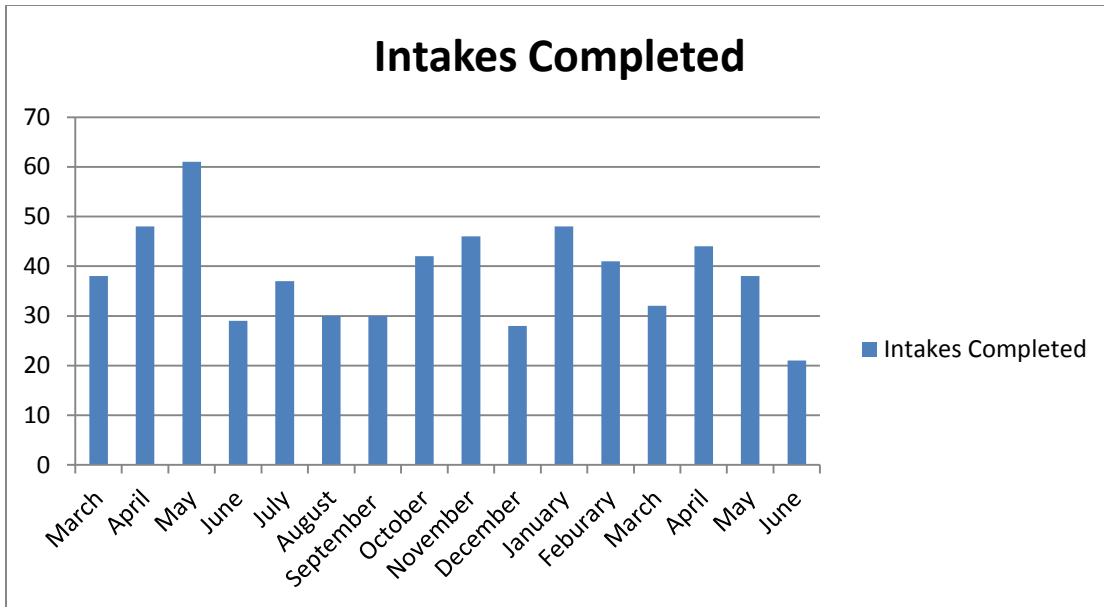
Child and Family Services

Our Infant and Toddler program continues to grow at a fast rate. Just two years ago we were serving 115 families and infants a month and currently we are serving an average of 180 children. This fiscal year we have received 397 referrals compared to 377 in the

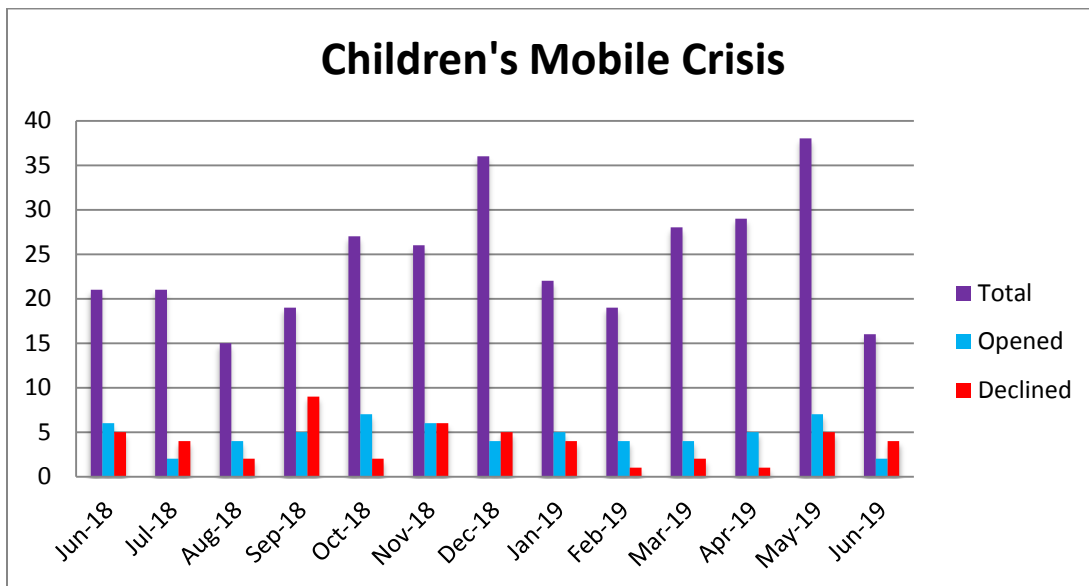
last year. Because of the rapid growth we have been recruiting for a full time PT, OT, ST, and a Developmental Specialist. As we grow, we are running out of space and Kim Swope, our program manager, graciously moved to an office in JMU’s Memorial Hall. More of her staff may need to join her if we hire more positions.



Children’s case management is pleased to welcome our eighth case manager. She is starting to open cases for us. We are serving 218 children and adolescents and we have 23 on the waitlist. They should be picked up within weeks of getting our new case manager fully trained. We are happy to have one JMU psychology/criminal justice double major student volunteer working with us this summer. We will have two new interns in the Fall. Throughout the school year, Early Intervention (EI) Clinicians worked with 96 different students in Harrisonburg City Public Schools (HCPS) middle and high schools and 269 different students in Rockingham County Public Schools (RCPS) middle and high schools. At the end of a student’s time in EI services, students were given the Your Counseling Session (YCIS) questionnaire for youth. The questions are rated by checking Not at All, Only a Little, Somewhat, Quite a Bit, or Totally. According to this questionnaire, 88% of RCPS students and 92% of HCPS reported that EI counseling was Quite a Bit or Totally helpful! We are currently advertising for 3 additional EI positions in the County for next school year and are excited to see this program continue to grow. We currently have 523 open cases in Children’s therapy. Stephanie May has been working hard to get re-oriented to the agency and has begun taking cases. We are pleased that Brent Campbell will also be joining us on July 1 as an additional OP therapist to help us meet the increased demand from the community for outpatient counseling, especially since beginning Same Day Access. June saw a decline in the demand for intakes and we only completed 21.



Children’s mobile crisis also saw a sharp drop in demand for services in the month of June. We received a total of 16 requests for services as compared to May when we had 38 crisis calls for children and adolescents.



June was an active month for Prevention Services. On June 1, 2019 we hosted a booth at the RAD (Riders Against Depression) motorcycle event to fight suicide. One June 22, 2019, we hosted a booth at Harrisonburg Police Department Fun Run, where civilians run a 5K through an obstacle course. They also had a resource fair before and after the run. On June 6, 2019, we guided a conversation on trauma and resilience in the classroom to the Alternative Education teachers in RCPS at a meeting at Rockingham

Academy. On June 11, 2019, we helped Our Community Place (OCP) with their staff development by leading a discussion on common mental health concerns in the homeless and housing insecure population, and signs and symptoms as well as associated risk factors for those with mental health concerns. We are partnering with RCPS for a pilot “Sources of Strength” program in Broadway High School for next school year. This program is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse” (2018, Sources of Strength). On June 19, 2019, Brandy participated in our regions Summit on Suicide and Veterans that was held at VMI. The topics covered were military culture, lethal means safety planning, and the Lock and Talk program. On June 10, 2019, we held a REVIVE training at OCP for 12 participants. Brandy Haden was interviewed by WHSV-TV3 regarding the IMPROVE Act currently in the US Senate, how it may impact our community, and what our community is currently doing to address suicide.

<https://www.whsv.com/content/news/New-legislation-aims-to-increase-veteran-access-to-mental-health-services-reduce-suicides-511586272.html>

Developmental Services

Developmental Disabilities (DD) Case Managers billed 288 units for the month of May, maintaining high billing numbers despite being down a position. Contracted DD case managers from Valley Associates for Independent Living completed an additional 18 billable units. Case Managers also completed 365 separate face to face visits with clients, either in their home, at their work or day support, or here at the CSB. In addition to face to face contacts, case managers completed 468 separate contacts to assist with linking clients to services, or monitoring their satisfaction. Case managers also completed annual 28 annual plans for either Waiver or State Plan option case management.

We have 216 individuals receiving DD Waiver services. Of those 215, 92 require Enhanced Case Management, meaning they have recently received crisis services, emergency medical services, or are at significant risk as determined by the Support Intensity Scale. For those receiving Enhanced Case Management, support coordinators must complete face to face visits every 30 days, with 2 out of every 3 visits occurring in the client’s home.

There are 231 individuals on the DD Waiver Waiting list awaiting. There are currently 76 individuals on Priority 1 status or deemed most in need of services, followed by 96 on Priority 2, and 59 on priority 3.

The fourteenth Report to the Court from the Independent Reviewer of the Department of Justice Settlement Agreement was released on June 13th. The report noted that improvements were evident in case management services amongst the 35 cases they reviewed throughout the commonwealth, and further that those improvements were as a result of specific initiatives implemented throughout the past year. The reviewer did note however that the commonwealth has not made substantial progress in efforts to move individuals with developmental disabilities into more integrated residential and day support and/or employment services. Additionally, the Independent Reviewer made known that he will utilize newer metrics to determine compliance in certain key areas of the agreements. These metrics were agreed upon in meetings with DBHDS representatives and the court in April.

We received notification that the general assembly approved 132 Community Living waiver slots, and 806 Family and Individual Supports waiver slots for the commonwealth for FY2020. The Community Living waiver includes residential supports and a full array of medical, behavioral, and non-medical supports. This is available to adults and children and may include 24/7 supports for individuals with complex medical and/or behavioral support needs through licensed services. The Family and Individual Supports waiver is for individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. This is available to both children and adults. For our CSB, we were allotted 2 Community Living waivers, and 14 Family and Independent Support waivers. We should be able to allocate these waiver slots by mid-August.